A Comparative Study of Development and Symptoms Among Disintegrative Psychosis and Infantile Autism with and Without Speech Loss

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To investigate clinical pictures and the validity of disintegrative psychosis (DP) as defined in ICD-9, 18 cases of DP were compared with 51 and 145 cases of infantile autism (IA) with and without speech loss, respectively, on clinical variables. The DP cases showed clearer regression after more satisfactory development than the IA cases with speech loss. Around age 7, about 4 years after regression, those with DP were significantly more severely retarded than those with IA, yet both were similar in autistic symptomatology. EEG abnormalities and mothers 30 or older at delivery were significantly more common in the histories of those with DP than of those with IA. DP may be linked with IA having speech loss with regression in mental development as a common denominator.

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INTRODUCTION

Nearly 80 years after the initial report of *dementia infantilis* by a Viennese remedial educator, Heller (1908), similar conditions called by various names, Heller’s dementia, Heller’s disease, or Heller’s syndrome, have become a topic for nosological and diagnostic studies in child psychiatry (Burd, Fisher, & Kershbeshian, 1988, 1989; Evans-Jones & Rosenbloom, 1978; Kurita, 1985b; Volkmar & Cohen, 1989) under a modern name, disintegrative psychosis (World Health Organization, 1977) or disorder (World Health Organization, 1989). The original name, dementia infantilis, implied an infantile organic dementia or an earliest form of dementia praecox. However, clinical pictures resembling autism, a good prognosis in terms of life (Heller, 1930; Hill & Rosenbloom, 1986; Stutte, 1969), and a lack of consistent neuropathology (Darby, 1976) appear to have established this condition as a type of pervasive developmental disorder (Cohen, Paul, & Volkmar, 1986; Kurita, 1985b).

Recently the validity of disintegrative psychosis (DP) or its synonyms was studied in comparison with two disorders: Rett syndrome (Burd et al., 1989; Fitzpatrick, 1987; Millichap, 1987; Olsson & Rett, 1987) and infantile autism (Burd et al., 198; Volkmar & Cohen, 1989). Rett syndrome appears distinct from disintegrative psychosis or disorder in its exclusive occurrence in girls, earlier onset, and some clinical symptoms (e.g., loss of purposeful hand use, deceleration of head growth, unstable gait or trunk movement) as both were included separately in ICD-10 draft (World Health Organization, 1989), though further nosological discussions may be needed given the rarity of both conditions.

We think that comparison with infantile autism is more important, since infantile autism is a far more common condition than Rett syndrome and was a principal differential diagnosis of many historical cases of dementia infantilis and its synonyms (Gibson, 1959; Imamura, 1969; Laux & Ehret, 1983; Makita, Nakamura, & Takahashi, 1960). In this respect, Hill and Rosenbloom (1986) claimed that once-established clinical pictures of disintegrative psychosis were indistinguishable from those of severe autism. Burd et al. (1988) and Volkmar and Cohen (1989) demonstrated that children with disintegrative disorder were significantly more severely impaired than those with autism. However, these findings may need to be replicated in a more detailed study of a larger sample.

Some children with infantile autism show a similar regression of mental development, mainly characterized by a loss of meaningful words (Hoshino et al., 1987; Kawasaki, Shimizu, & Ohta, 1985; Kurita, 1985). Since the relationship between this type of autism and DP has never been systematically studied, we conducted a comparative study between disintegrative psychosis and infantile autism with and without speech loss to clarify